EXECUTIVE SUMMARY

The Aging and Health Report

Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults

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Aging and health needs of lesbian, gay, bisexual, and transgender (LGBT) older adults are rarely addressed in services, policies, or research,[1] even though diversity is a defining feature of our aging global population. Although there have been tremendous gains in health during the last century, many historically disadvantaged groups within our aging population continue to experience higher levels of illness, disability, and premature death. It is imperative to understand the diverse population of LGBT older adults in order to ensure a healthier aging population in the years to come.[2] *Caring and Aging with Pride*, the first national federally-funded project to examine LGBT aging and health reveals significant health disparities impacting LGBT older adults as they age, including disability, physical and mental distress, victimization, discrimination, and lack of access to supportive aging and health services. Health disparities must be eliminated to effectively respond to the aging crises in the lesbian, gay, bisexual, and transgender communities.

LGBT Older Adult Participants: Aging and Health Findings

- ► Nearly one-half have a disability and nearly one-third report depression.
- ► Most LGBT older adults (91%) engage in wellness activities.
- ► Almost two-thirds have been victimized three or more times.
- ► Thirteen percent have been denied healthcare or received inferior care.
- ► More than 20% do not disclose their sexual or gender identity to their physician.
- ► About one-third do not have a will or durable power of attorney for healthcare.
- ► Most needed services: senior housing, transportation, legal services, social events.

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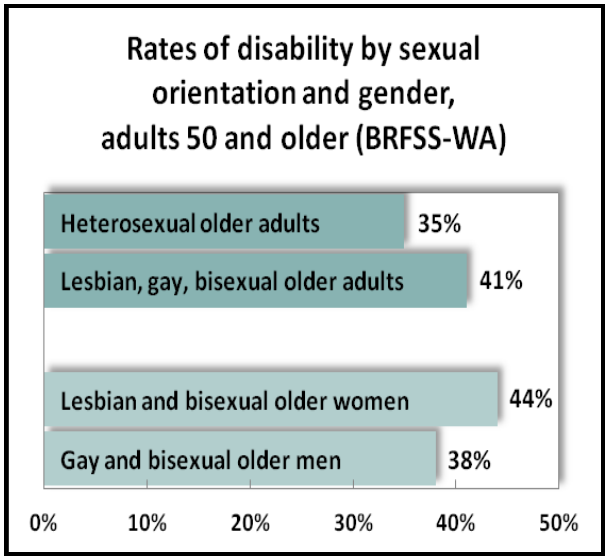
Closing the gap

In the first phase of this project we utilized state-level population-based information from the Behavioral Risk Factor Surveillance System in Washington State (BRFSS-WA) to compare key health indicators of lesbian, gay, and bisexual adults to heterosexuals.[3-5] Next, to better understand the risk and protective factors impacting LGBT older adults, we collaborated with eleven community-based agencies across the country serving LGBT older adults to conduct the first national project on LGBT aging and health. The executive summary highlights key findings and the recommendations stemming from this ground-breaking project. To access the full report, visit our website at *http://caringandaging.org/*

Health disparities revealed

Higher rates of disability were found among lesbian, gay, and bisexual older adults, compared with heterosexuals of similar age utilizing state-level population-based information (BRFSS-WA). Lesbian, gay, and bisexual older adults experience higher rates of mental distress and are more likely to smoke and engage in excessive drinking than heterosexuals. Lesbians and bisexual older women report higher risk of cardiovascular disease and obesity than heterosexual women, and gay and bisexual older men are more likely to have poor physical health than their heterosexual counterparts.



> ***"Isolation, finding friend support, caregiving and health are the biggest issues older gay persons face. Who will be there for us, who will help care for us without judgment?"***
> 66-year-old lesbian

LGBT older adults are also at greater risk socially than their heterosexual peers. Lesbian, gay, and bisexual older adults are less likely to be partnered or married than heterosexuals, which may result in less social support and financial security as they age. Gay and bisexual older adult men have significantly fewer children in the household and are significantly more likely to live alone than heterosexual older adult men. In the general population, older women are more likely to live alone than older men.[6] Among LGBT older adults the trend is reversed; gay and bisexual older men are at an elevated

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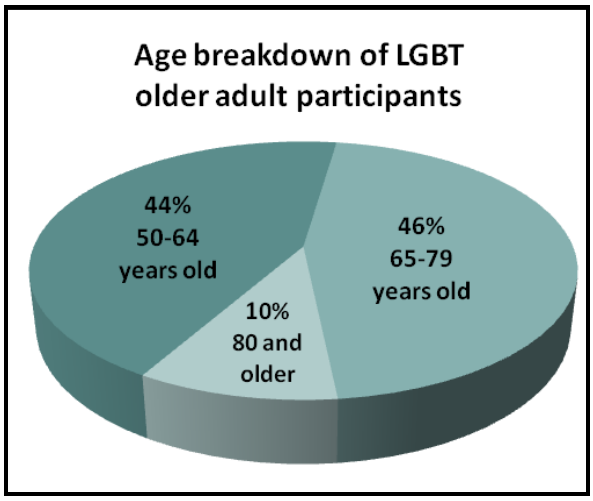
"I have had an overwhelmingly positive experience with my gender transition so far, but I would say that my primary concern about the future is with access to healthcare and potential discrimination as a senior transgender person, especially if the need arises for emergency or long-term care."

56-year-old transgender woman

risk of living alone. Older adults who live alone are at serious risk of social isolation, which in the general population is linked to poor mental and physical health, cognitive impairment, and premature chronic disease and death.[7]

Based on the state-level population-based information, we found that 2% of adults age 50 and older self-identify as lesbian, gay, or bisexual. Given the number of adults age 50 and older living in the U.S., these findings suggest that more than 2 million older adults self-identify as lesbian, gay, or bisexual. Given the tremendous proportional growth of the age 50 and older population expected in the next few decades, the number of self-identified LGBT older adults will more than double by 2030.



Emerging and resilient

Contrary to the popular belief that LGBT older adults will not participate in research, 2,560 diverse LGBT older adults age 50 to 95, from eleven community-based aging agencies across the country, joined in our national aging and health project. Despite the challenging historical context of their lives, LGBT older adults forge onward with resilience, living their lives and building their communities.

Among the LGBT older adult participants in our project, nearly 90% feel good about belonging to their communities, and many have at least moderate levels of social support. Most engage regularly in wellness activities (91%) and moderate physical activities (82%). Many attend spiritual or religious services or activities (38%), with bisexual men and transgender older adults most likely to participate. Such strengths are likely protective in terms of physical and mental health, counteracting the unique challenges that LGBT older adults face.

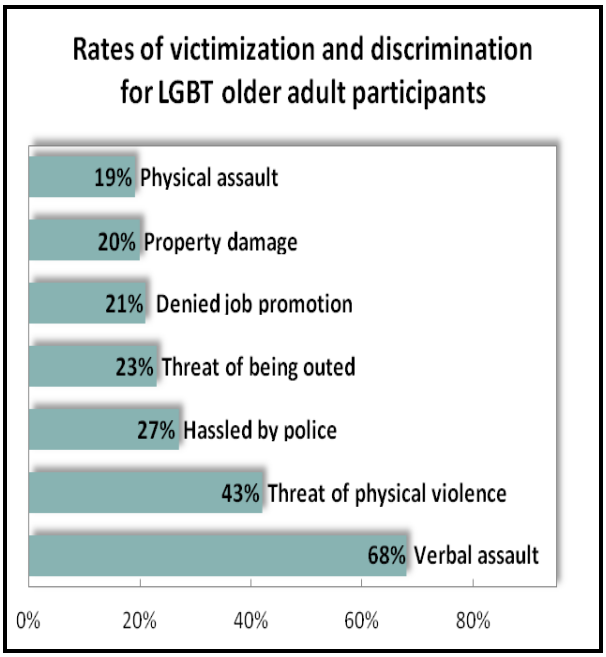
The societal contributions of LGBT older adults need to be recognized. Of the participants, 41% of transgender older adults, 41% of bisexual men, 34% of gay men, and 6% of lesbian and bisexual women have served in the military.

While family members related by blood or marriage play a primary role in the support of older adults in the general population, most LGBT older adults care for one another. LGBT older adult participants have distinct support networks, relying heavily on partners and friends, most of a similar age, to provide assistance and help as they age. Unlike the general population, among LGBT older adults rates of caregiving by both women (30%) and men (26%) are high. While the importance of friends in

the lives of LGBT older adults is well documented, there may be limits in their ability to provide care over the long-term, especially if decision-making is required for the older adult receiving care.[8]

Risks in their midst

Existing health disparities may reflect the historical and social context of LGBT older adult lives. Victimization and discrimination create significant risks in the aging and health of LGBT older adults and their caregivers. Over the course of their lifetime, most LGBT older adult participants have faced serious adversity: 82% have been victimized at least once because of their perceived sexual orientation or gender identity, and 64% have been victimized three or more times. Many LGBT older adults have encountered discrimination in employment and housing, impacting economic security. Experiences of discrimination are linked with poor health outcomes, such as depression among both chronically ill LGBT older adults and their informal caregivers.[9] Nearly four out of ten LGBT older adult participants have contemplated suicide at some point during their lives.



Among LGBT older adult participants, an alarming number report disability (47%), depression (31%), and loneliness (53%). Bisexual older women experience higher levels of stress than older lesbians; transgender older adults have higher rates of disability, depression, and loneliness than non-transgender older adults. Furthermore, racial and ethnic minority LGBT older adults experience heightened and cumulative risks of aging and health disparities, as do LGBT older adults with incomes at or below 200% of the federal poverty level and those with a high school education or less.

In our project, we found that 9% of all LGBT older adult participants are living with HIV disease, while more than one in five bisexual older men and nearly one in seven gay older men have HIV. These statistics are especially alarming given that by 2015, half of the more than 1.1 million Americans living with HIV are projected to be age 50 or older.[10]

More than one in ten LGBT older adults (13%) who participated in the project have been denied healthcare or provided with inferior care. Nearly one-quarter of transgender older adults have needed to see a doctor but could not because of cost. Fifteen percent of LGBT older adults fear accessing healthcare *outside* the LGBT community, and 8% fear accessing healthcare *inside* the community. Bisexual older women (16%) fear accessing healthcare services inside the LGBT community at nearly three times the rate of lesbians (6%) and are less likely to have a primary physician or healthcare provider than lesbians.

More than one-fifth (21%) of LGBT older adults have not revealed their sexual

orientation or gender identity to their primary physician, and bisexual older women and men are less likely to disclose than lesbian and gay older adults. The American Medical Association warns that physicians' failure to recognize, and patients' reluctance to disclose, can lead to failure to diagnose serious medical problems.[11] Lack of disclosure prevents discussions about sexual health, risk of breast or prostate cancer, hepatitis, HIV risk, hormone therapy, and other risk factors.

LGBT older adults often lack legal protections for their loved ones: about a third of the participants do not have a will (30%) or a durable power of attorney for healthcare (36%).

Recognizing critical needs

There is a consensus among the diverse LGBT older adults on the services most needed in their communities. Senior housing, transportation, legal services, social events, and support groups were consistently deemed the most needed services. It is important to note that among LGBT caregivers, supportive long-term care facilities are seen as one of the most critical needs.

While services and programs assisting older adults are readily available in many communities, they are most often geared toward the general population and fail to take into account the unique circumstances facing LGBT older adults such as fear of discrimination and, often, the lack of children to help them. In addition, most existing aging services, public policies, and research initiatives intended to support older adults in times of need are inaccessible to LGBT older adults and their loved ones. For example, same-sex partners do not have access to federal family leave benefits, equivalent Medicaid spend-

AP Photo/Jason DeCrow

downs, Social Security benefits, bereavement leave, or automatic inheritance of jointly owned real estate and personal property.[12]

The term "LGBT" is often used in research, yet the findings from this project illuminate that lesbian, gay, bisexual, and transgender older adults are in fact distinct groups, often with unique needs and experiences. Both bisexual and transgender older adults emerge as critically underserved populations at heightened risk of physical and mental health disparities often combined with less social and community support.

> ***"I need to know if there are resources for someone to bury me with my mom & dad. How do I make arrangements, what type of arrangements, where do I turn for help? I have no siblings, no family."***
>
> 63-year-old bisexual man

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Conclusion

Addressing the aging and health needs of LGBT older adults is paramount as it sheds new light on the diversity and cumulative risks facing the aging population. A comprehensive approach is required to transform public policies, services, education, and research. Understanding aging and health across diverse communities illuminates inequalities and reminds us that resilience often emerges from adversity. The LGBT older adults in *Caring and Aging with Pride* represent the past and the future, as they create a legacy for generations to come.

CALL TO ACTION

Compared with the older population in general, LGBT older adults have higher rates of disability, mental distress, and living alone. Addressing the aging and health needs of LGBT older adults requires a comprehensive approach to transform public policies, services, education, and research:

Policy

Advocate for the Older Americans Act (OAA) to target social and health services and programs toward LGBT older adults. Address the distinctive aging and health needs within the LGBT older adult population, recognizing that bisexual and transgender older adults are critically underserved.

Ensure the economic security of LGBT older adults and their loved ones by maintaining entitlement and need-based programs, such as Social Security, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicare, and Medicaid, and extending benefits to same-sex partners.

Amend the federal Family and Medical Leave Act (FMLA) to extend coverage beyond those related by blood or marriage, recognizing the central role of friends in providing care for LGBT older adults. Educate LGBT older adults, caregivers and providers about support services available through the National Family Caregiver Support Act (NFCSA).

Protect the safety and security of LGBT older adults by implementing policy and programmatic interventions to combat prejudice, victimization, and stigma. Advocate for protection from discrimination based on sexual orientation and gender identity in employment, housing, and public accommodations. Fully prosecute hate crimes based on sexual orientation, gender identity, and age.

Services

Create comprehensive aging and health services for LGBT older adults by fostering partnerships between LGBT aging agencies, services in the larger LGBT community, and federal, state, and local mainstream providers of aging and health services to meet the needs of LGBT older adults. Ensure services for LGBT older adults target those living alone without adequate services or support.

Identify successful programs and policies addressing the aging and health needs of LGBT older adults and create models that can be implemented in urban, suburban, and rural communities where LGBT organizations are not present.

Prioritize the needs of older adults in LGBT organizations and communities and participate in local, state and federal planning processes to secure resources for needed service developments, including housing, transportation and support services. Provide opportunities for intergenerational programs and exchanges of support.

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Education

Implement cultural competency training for healthcare, human service, housing, and legal professionals addressing LGBT older adults and caregivers, incorporating diversity in age, gender, gender identity, ethnicity, race, socio-economic status, geographic location, and ability.

Educate and train caregivers, providers, and LGBT older adults in navigating existing laws, public policies, and regulations, e.g., the necessity of legal planning including wills and durable power of attorney for healthcare and the use of advocates if no one is available to act in such a capacity; and the recourse available if privacy is violated under HIPPA regulations in healthcare settings.

Develop competencies necessary for effective practice with LGBT older adults and their families and advocate for the integration of these competencies as part of degree requirements in educational programs including medicine, nursing, social work, law, and other educational programs.

Research

Integrate sexual orientation, gender identity, and sexual behavior measures in aging-related research, including public health surveys. Develop innovative research methods to effectively reach out and obtain more representative samples of LGBT older adults. Collaborate with LGBT older adults and their communities to support capacity and accountability in research.

Evaluate interventions designed to improve the mental and physical health of LGBT older adults. Expand the reach of strategies to promote healthy living, especially aimed at prevention and reduction of obesity, excessive drinking, and smoking. Ensure that HIV research, prevention, education, and treatment programs include older adults.

Distinguish similarities and unique aging and health needs of distinct groups of LGBT older adults to develop tailored and responsive services and health promotion strategies. Investigate changes in LGBT health across the life course and how differing types of social structures and life events impact aging and health.

"The LGBT community has stepped up in the past to address coming out, AIDS, and civil rights. The next wave has to be aging."

63-year-old gay man

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Community Partners: SAGE (New York), LA Gay & Lesbian Center (Los Angeles), New Leaf (San Francisco), LGBT Aging Project (Boston), SAGE at Center on Halsted (Chicago), Senior Services (Seattle), FORGE Transgender Aging Network, SAGE/Milwaukee, Openhouse (San Francisco), GLBT Generations (Minnesota), and SAGE Metro St. Louis.

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The Full Report and Fact Sheets are available at http://CaringAndAging.org/

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